

Vulnerable Children & Adults

Government Management, Accountability and Performance

October 5, 2005

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

Children's Administration

Aging and Disability Services Administration

WASHINGTON STATE DEPARTMENT OF VETERAN'S AFFAIRS

Vulnerable Children

Department of Social & Health Services Children's Administration

Government Management, Accountability and Performance

October 5, 2005



Robin Arnold-Williams, Department of Social and Health Services Secretary

Vulnerable Children and Adults GMAP

Fiscal and Staffing Concerns

How is the Children's Administration managing its budget to achieve outcomes and accountability?

FY 2006 Budget Appropriation

Expenditure Analysis (In Thousands)	Appropriation Fiscal Year 2006	Projected Fiscal Year 2006	Variance
Category 1000 (Services)			
Budget Unit C14 (Family Support)	\$36,910	\$36,910	\$0
Budget Unit C15 (Transitional Svc)	\$9,533	\$9,533	\$0
Budget Unit C16 (Adoption)	\$70,932	\$79,751	(\$8,819)
Budget Unit C18 (Victim Assistance)	\$7,253	\$7,253	\$0
Budget Unit C19 (Foster Care)	\$150,501	\$157,100	(\$6,599)
Category 2000 (Field, Licensing and Lease Costs)			
	\$158,873	\$160,973	(\$2,100)
Category 8000 and 9000 (HQ and Special Projects)			
	\$31,445	\$31,445	\$0
Total	\$465,447	\$482,965	(\$17,518)

Analysis

- Children's Administration management will control budget units
- Budget units with a variance contain contractual or fixed costs
 - Adoption support per capita costs assumed in the appropriation are \$52/month per child lower than the actual cost per child in FY 2005
 - The assumed per capita cost for foster care is \$28/month lower than the FY 2005 cost
 - Lease costs exceed appropriated amount by \$2.1 million

Action Steps

- Implement comprehensive financial management system
- Rebalance regional staffing levels and adjust budgets
- Increase direct services staff
- Strengthen the service array through contracts review
- Refine foster care and adoption support forecast model
- Engage Boeing's "Lean Team"
- Acquire state and federal resources

FY 2006 Year-to-Date Expenditures

Expenditure Analysis (In Thousands)	Allotment July-August 2005	Expenditure July-August 2005	Variance
Category 1000 (Services)			
Budget Unit C14 (Family Support)	\$6,152	\$4,659	\$1,493
Budget Unit C15 (Transitional Svc)	\$1,589	\$1,497	\$92
Budget Unit C16 (Adoption)	\$11,477	\$12,347	(\$870)
Budget Unit C18 (Victim Assistance)	\$1,169	\$1,626	(\$457)
Budget Unit C19 (Foster Care)	\$25,013	\$25,036	(\$23)
Category 2000 (Field, Licensing and Lease Costs)			
	\$25,741	\$25,473	\$268
Category 8000 and 9000 (HQ and Special Projects)			
	\$5,211	\$5,844	(\$633)
Total	\$76,352	\$76,482	(\$130)

Data Notes SOURCE: DSHS Budget Office; Children's Administration Fiscal Office

Vulnerable Children and Adults GMAP

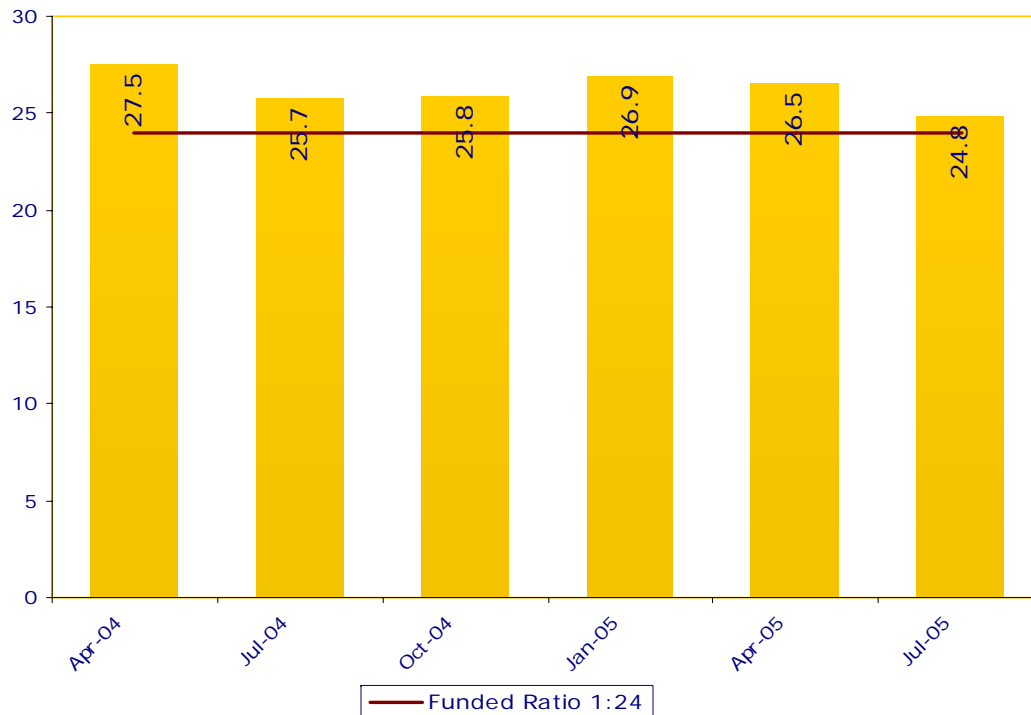
Fiscal and Staffing Concerns

How many cases on average does a CPS Social Worker have?

“ACF’s initial analysis of the CFSR data involving the first 32 States reviewed makes it abundantly clear that sufficient staff to make regular, substantive contacts with the children and families in their caseloads is essential. A direct relationship was found between the consistency and quality of caseworker visits with the child and family and the achievement of case outcomes evaluated in the CFSR. Although such a correlation has long been suspected, this is the first time that data provided a basis for ACF to note with confidence that consistency in caseworker visitation has a positive impact on achieving the Federal expectation set for State child welfare program performance.”

2003 GAO Report (GAO-03-057), “Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff”

Number of CPS Cases Per CPS Staff



Analysis:

- Each CPS social worker carries an average of 25 cases
- The Council on Accreditation standard is 15 investigative cases per one CPS social worker

Action Steps:

- Rebalance staffing levels between and within regions
- Re-design CPS/CWS model to strengthen focus on child safety

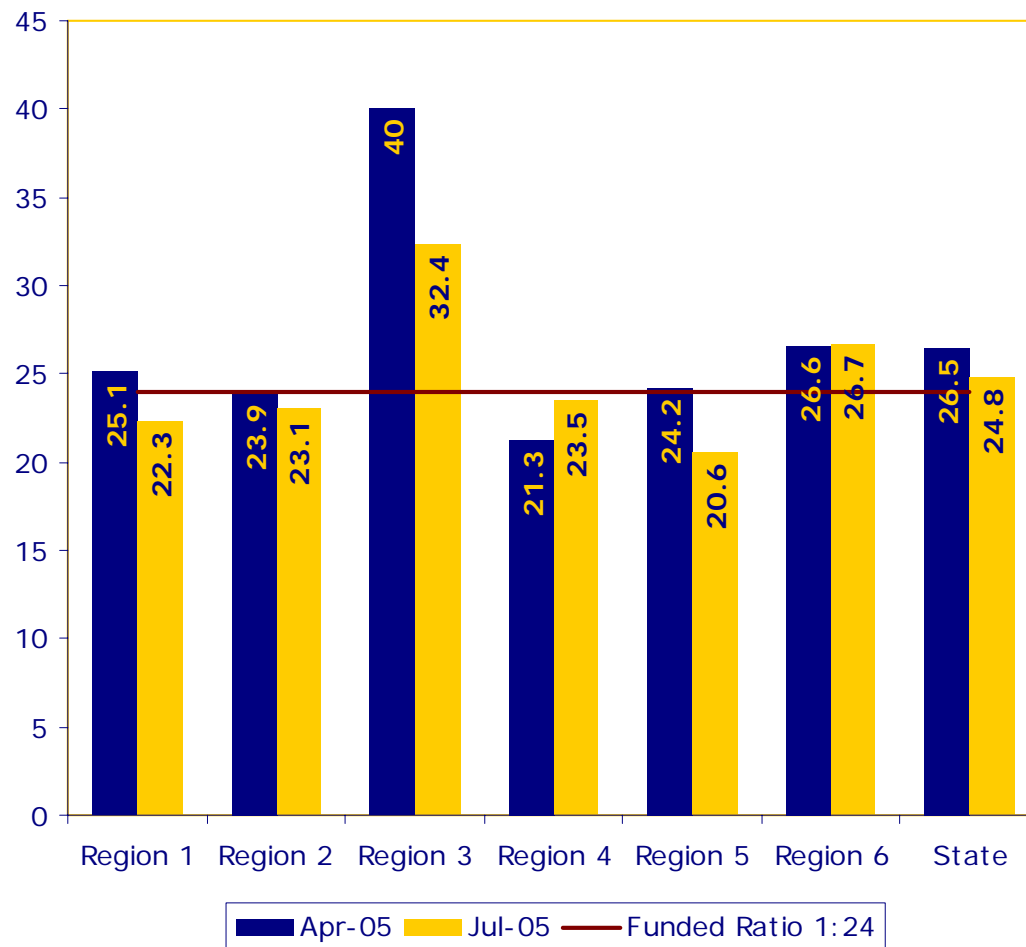
Data Notes SOURCE: Financial Reporting System & CAMIS Workload Report. Excludes DLR-CPS

Vulnerable Children and Adults GMAP

Fiscal and Staffing Concerns

How do CPS caseloads compare between regions?

Number of CPS Cases Per CPS Staff by Region



Analysis:

- Rebalancing of caseloads between Regions 3 and 4 is showing some change
- Reaching comparable caseloads in Region 3 will take several months due to the hiring process

Action Steps:

- Rebalance staffing levels between and within regions
- Re-design CPS/CWS model to strengthen focus on child safety

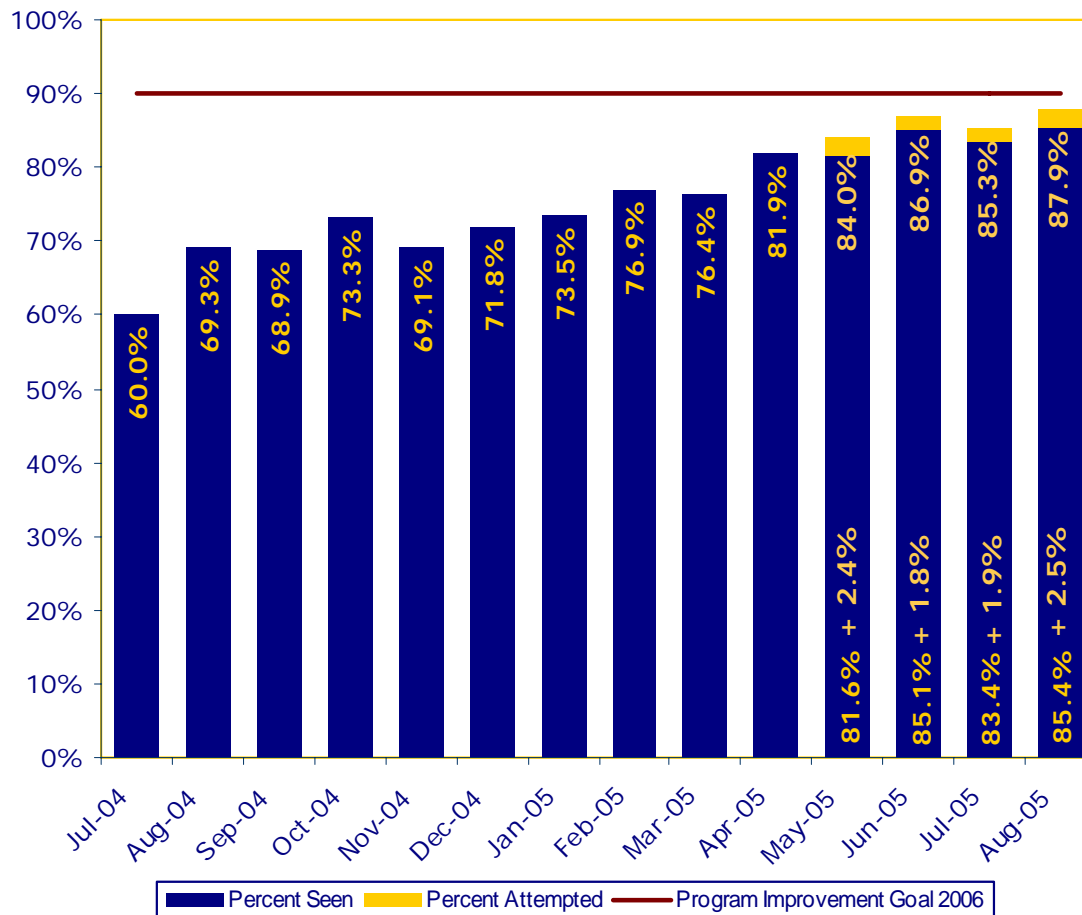
Data Notes SOURCE: Financial Reporting System & CAMIS Workload Report. Excludes DLR-CPS

Vulnerable Children and Adults GMAP

Children will be safe from abuse and neglect

How quickly do we respond to emergent allegations of abuse or neglect?

Percent of Children in Emergent Referrals Seen or Attempted Within 24 Hours



Analysis:

- Improvement in over-all performance since May 2005 implementation
- August performance increased slightly at the same time the new 72-hour non-emergent response was implemented
- Five regions are above 86% performance level
- Two regions reached the 90% Program Improvement goal
- Supports for high performance include stable staffing, experienced supervisors, and management focus on safety

Action Steps:

- Fill vacancies as quickly as possible
- Re-emphasize safety
- Provide additional CAMIS training on documentation of contacts

Note: Implementation of 24-hour response occurred prior to the phase-in of additional staff allotted to CA for 2005-2007 biennium.

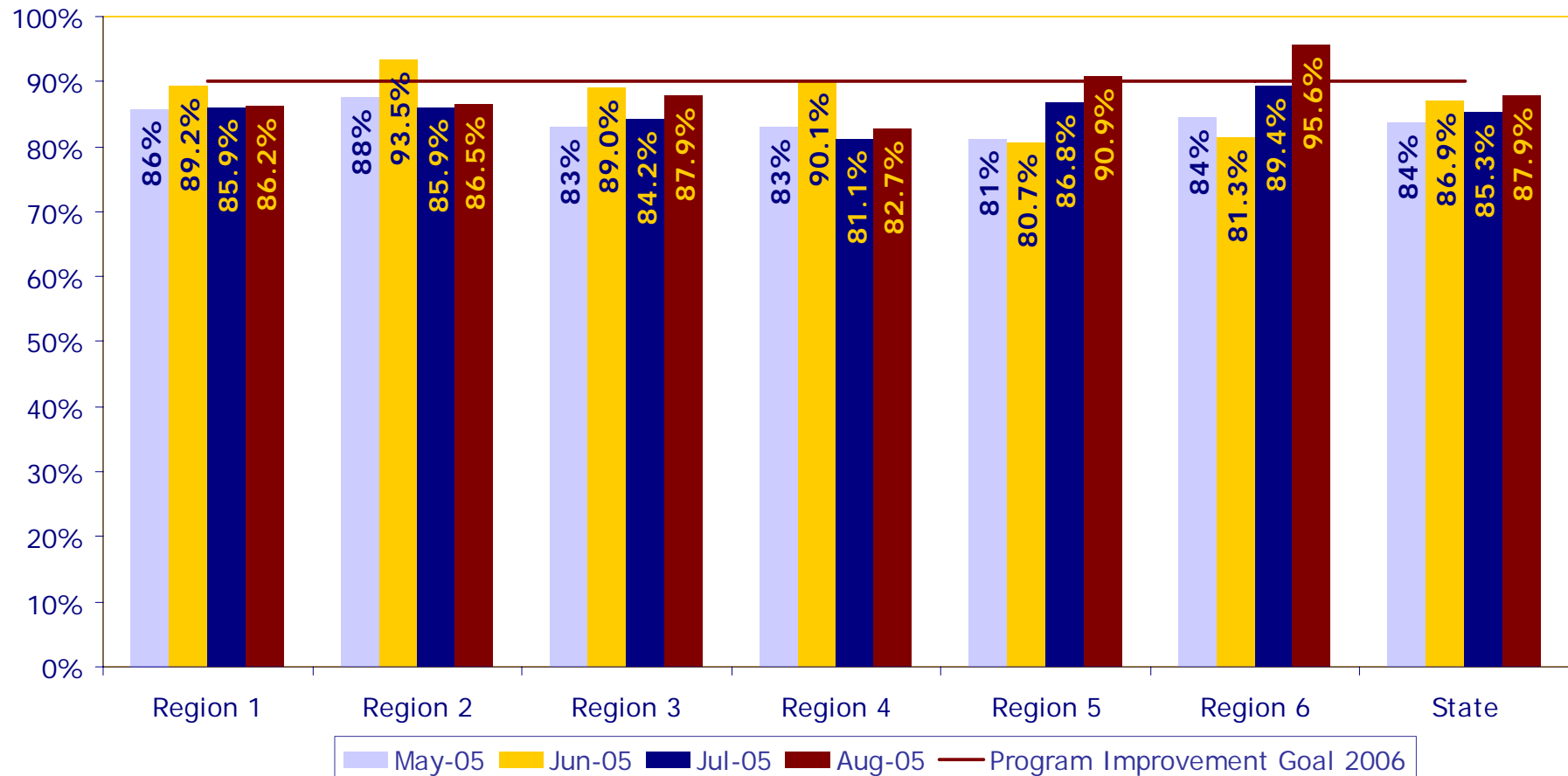
Data Notes SOURCE: CAMIS SER download 9/10/05. The data reflects referrals seen or attempted within one calendar day as a proxy for 24-hours. The 24-hour calculation will be available for referrals received in September 2005 and forward. Attempteds are 2.5% or less. Excludes DLR-CPS.

Vulnerable Children and Adults GMAP

Children will be safe from abuse and neglect

How quickly do we respond to emergent allegations of abuse or neglect?

Percent of Children in Emergent Referrals Seen or Attempted Within 24 Hours



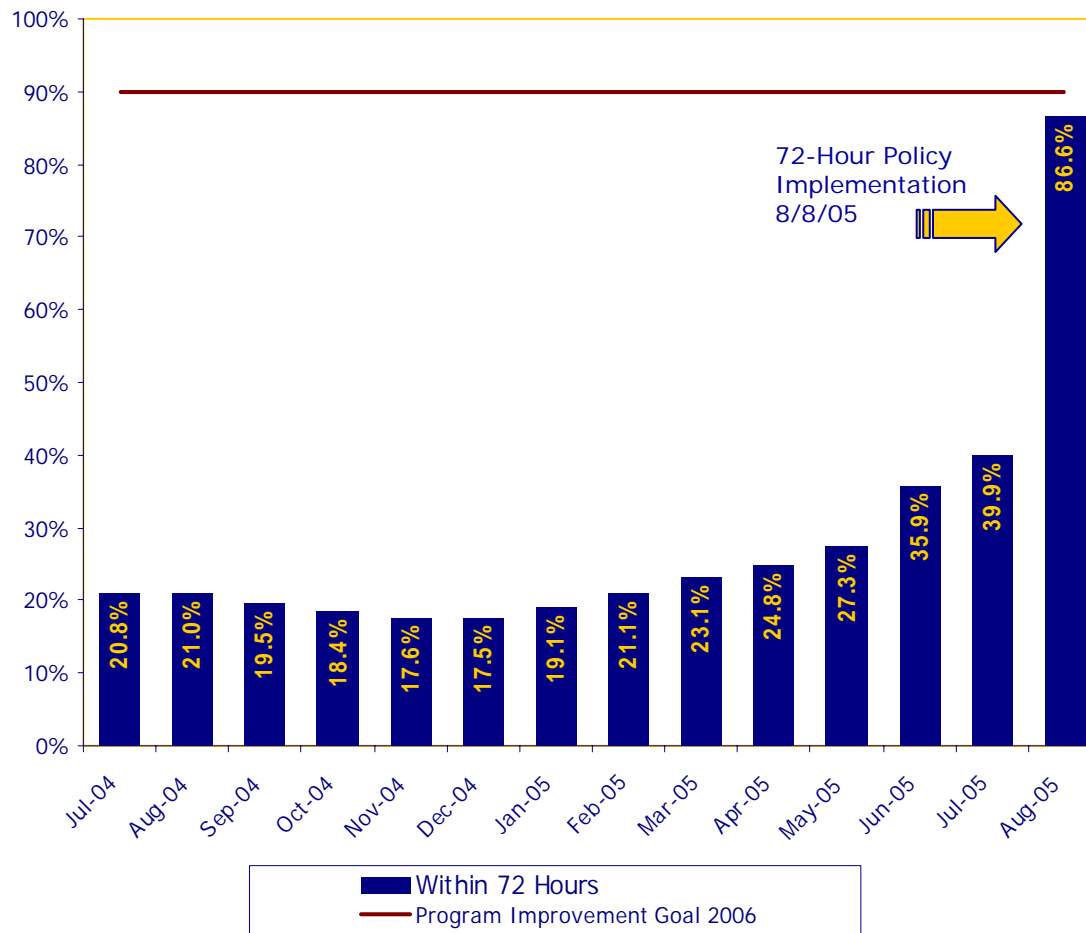
Data Notes SOURCE: CAMIS SER download 9/10/05. The data reflects referrals seen or attempted within one calendar day as a proxy for 24-hours. The 24-hour calculation will be available for referrals received in September 2005 and forward. Excludes DLR-CPS.

Vulnerable Children and Adults GMAP

Children will be safe from abuse and neglect

How quickly do we respond to non-emergent allegations of abuse or neglect?

Percent of Children in Non-Emergent Referrals
Seen or Attempted Within 72-Hours



Analysis:

- 72-hour policy implementation 8/8/05; data reflects entire month
- 86.6% performance in first month of implementation
- Performance may not be sustainable during higher referral months
- Too early to assess all the issues related to improving performance
- Supports for high performance include stable staffing, experienced supervisors, management focus on safety, and reallocation of staff between offices

Action Steps:

- Fill vacancies as quickly as possible
- Re-emphasize child safety
- Provide additional CAMIS training on documentation of contacts
- Review service response model and consider need for weekday shifts, Saturday office hours, and first responders

Note: Implementation of 72-hour response occurred prior to the phase-in of additional staff allotted to CA for 2005-2007 biennium.

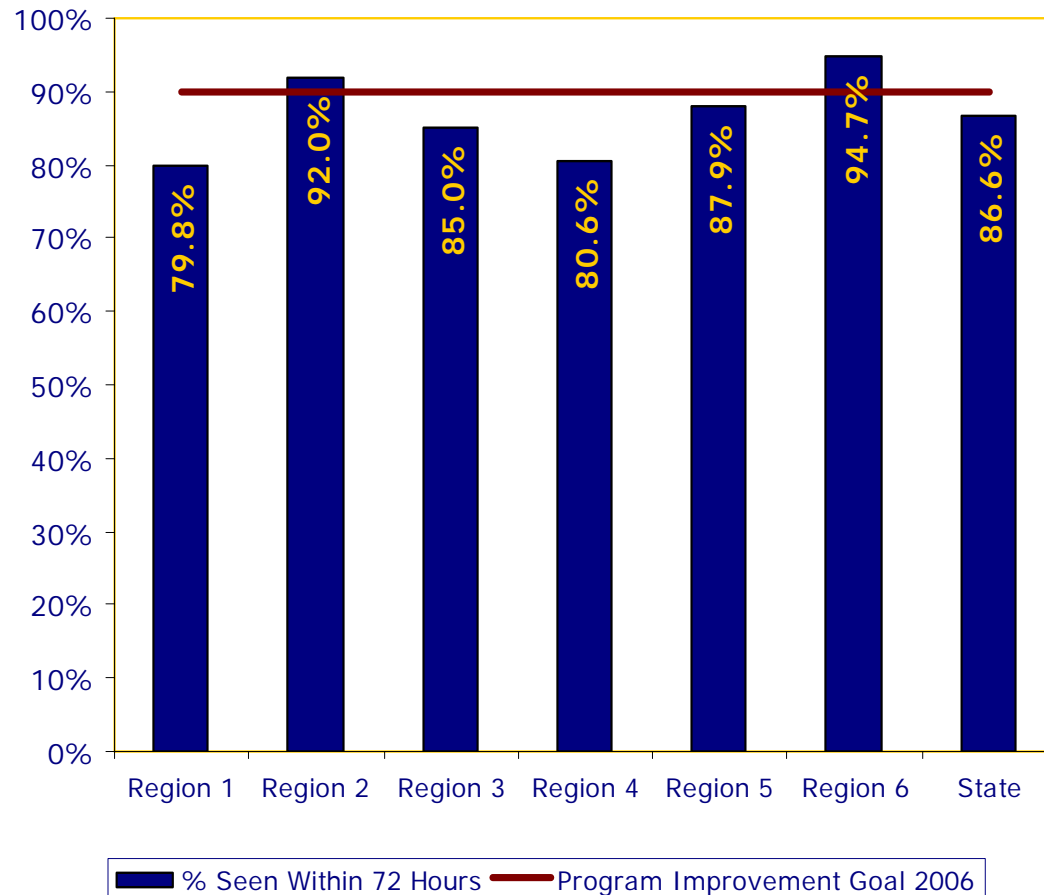
Data Notes SOURCE: CAMIS SER download 9/10/05. The data reflects referrals seen or attempted within three calendar days as a proxy for 72-hours. The 72-hour calculation will be available for referrals received in September 2005 and forward. Excludes DLR-CPS.

Vulnerable Children and Adults GMAP

Children will be safe from abuse and neglect

How quickly do we respond to non-emergent allegations of abuse or neglect?

**Percent of Children in Non-Emergent Referrals
Seen or Attempted Within 72 Hours**



Analysis:

- 72-hour policy implementation 8/8/05; data reflects entire month
- All six regions were near or above 80% for the first month of implementation
- Two regions reached the 90% Program Improvement goal

Action Steps:

- Fill vacancies as quickly as possible
- Re-emphasize child safety
- Provide additional CAMIS training on documentation of contacts
- Review service response model and consider need for weekday shifts, Saturday office hours, and first responders
- Letter from the Governor recognizing staff efforts in implementing 24-hour and 72-hour response

Data Notes SOURCE: CAMIS SER download 9/10/05. The data reflects referrals seen or attempted within three calendar days as a proxy for 72-hours. The 72-hour calculation will be available for referrals received in September 2005 and forward. Excludes DLR-CPS.

Vulnerable Children and Adults GMAP

Children will be safe from abuse and neglect

What is the plan to implement 30 day in-home visits?

Children's Administration is on schedule to implement the new policy effective October 1, 2005

- 30-day in-home visitation policy has been developed
- Guidelines for conducting visits have been developed
- Regional briefing sessions on the new policy are scheduled during September 2005
- All staff will sign that they have read and understand the policy

Can we sustain the effort?

What may be the consequences of the implementation of 24-hour, 72-hour, and 30-day contacts?

- Less attention to permanency, especially in small offices with mixed CPS and CWS caseloads
- Increase in overtime costs so that staff can locate children within the required timeframes
- Decrease in quality of documentation & increased payment errors because staff are rushing
- Lower staff morale resulting from new and higher expectations without additional resources
- Reduction in capacity to complete CHET screening within 30 days
- Decline in time spent in community relations and prevention partnerships

Analysis:

- 30-day visits will be implemented for children in in-home dependency and in-home service cases only
- Resources limit our ability to implement this standard for out-of-home cases
- Implementation of 30-day in-home visitation is occurring prior to the phase-in of additional staff allotted to CA for 2005-2007 biennium

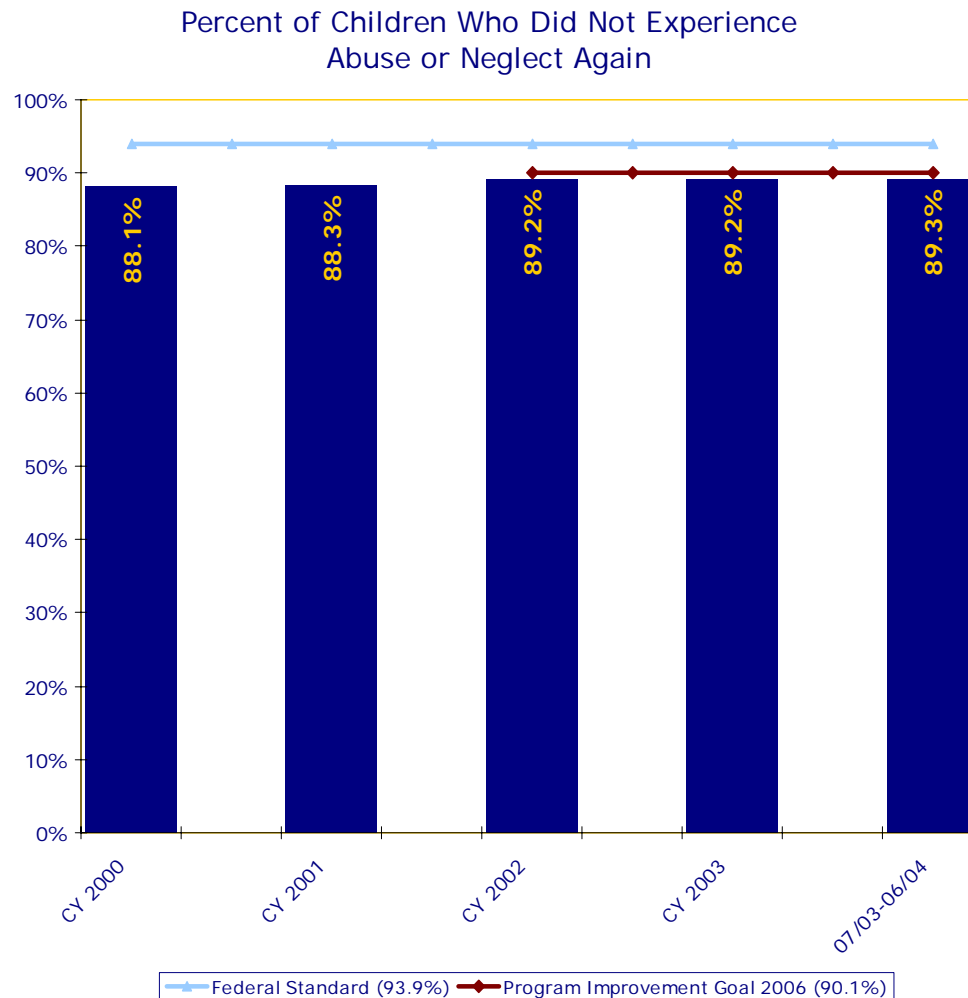
Action Steps:

- Identify unintended impact of implementation and develop plan to address impacts

Vulnerable Children and Adults GMAP

Children will be safe from abuse and neglect

What percent of children were not abused or neglected again?



Analysis:

- Children who are abused or neglected in Washington are abused or neglected again within 6 months about 10 percent of the time
- Performance has improved slightly over the past 5 years but is below the federal standard
- Victims of neglect are at the highest risk of repeat maltreatment and there is a lack of evidence-based intervention strategies
- Support for performance includes experience and clinical focus of supervisors, thorough assessments and planning

Action Steps:

- Provide refresher training to all staff on safety assessment, safety planning, risk assessment, and reunification assessment
- Improve timeliness of response to abuse and neglect referrals and implement 30 day visits for children receiving in-home services
- Continue to implement Family Team Decision Making meetings in 7 urban sites (42% of children in out-of-home care are served by these offices)
- Increase training in clinical supervision

Data Notes SOURCE: CAMIS data submitted to the National Child Abuse and Neglect Data System (NCANDS). Federal measure of children abused or neglected again within 6 months of first incident of abuse or neglect.

Vulnerable Children and Adults GMAP

Children will be safe from abuse and neglect

What have we learned from child fatality reviews and what are we doing?

Lessons Learned:

Child Safety

- Safety of children must be the first priority
- Safety and risk assessment needs to be the priority for all social workers and not just the domain of child protective services (CPS)
- CPS investigations must be timely and thorough

Supervision

- Support critical thinking—supervisors review and assess case information
- Quantity of work does not always equal quality of work

Social Work Practice

- Lack of sustained objectivity influences our practice—how information is interpreted and presented
- Transition of children to their homes of origin must be carefully planned and consider attachment, grief and loss issues

Action Steps:

Child Safety

- Safety and risk assessment and transition tools retraining
- CPS/CWS redesign
- New Child Protection Team staffing policy, training and process

Supervision

- Ongoing supervisors academy to improve clinical supervision
- Case Review-Quality Assurance Program assessing for quality as well as compliance

Social Work Practice

- Organizational structure change to improve practice consultation, critical incident review, and accountability
- Tracking implementation of review recommendations
- Trend analysis to identify training needs

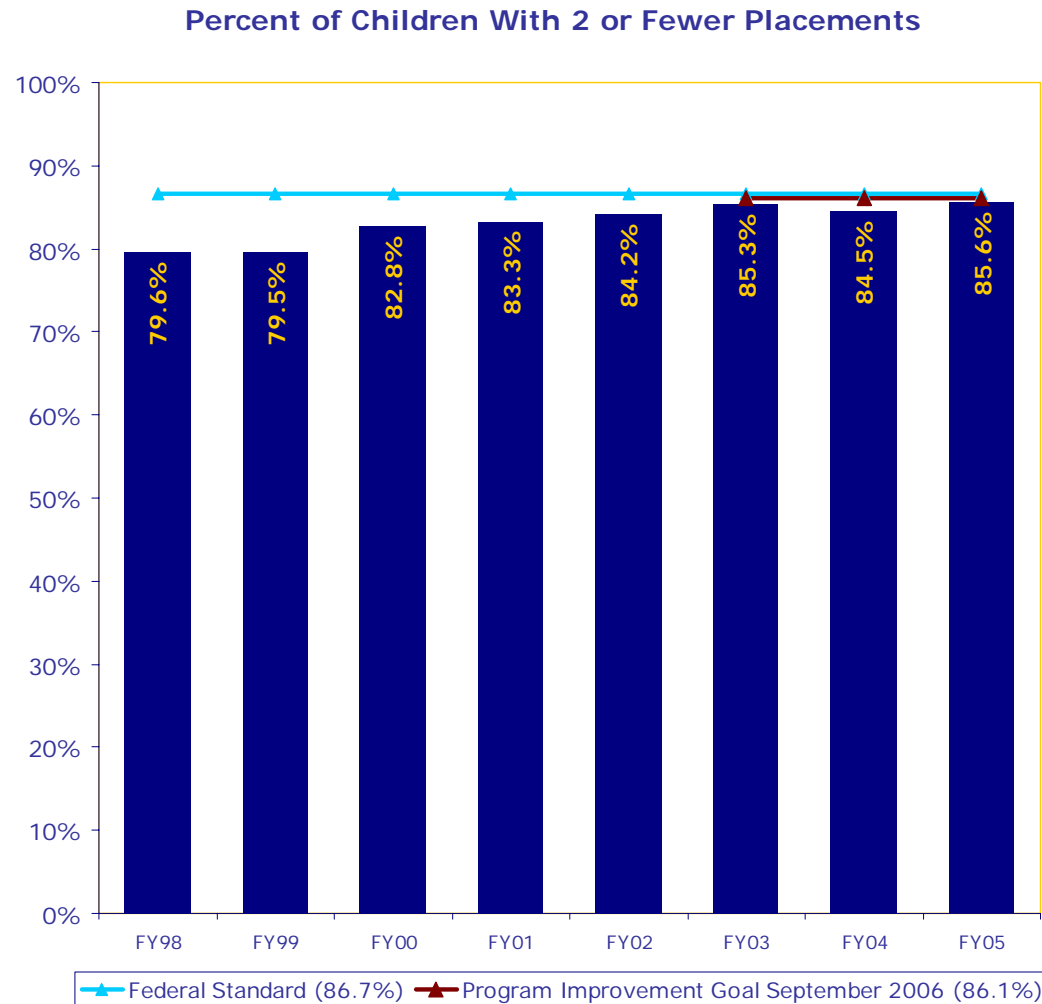
Data Notes SOURCE: Children's Administration

October 5, 2005

Vulnerable Children and Adults GMAP

Provide stable, nurturing, permanent placements

What percent of children are in stable placements?



Analysis:

- An increasing percent of children placed into out-of-home care are likely to experience stability during their first year in care
- Support for performance includes having a sufficient number of well-trained and adequately supported foster parents and placement with relatives whenever possible
- Initial results from Family Team Decision Making (FTDM) meetings show promise in improving stability

Action Steps:

- Continue statewide foster parent recruitment and retention efforts
- Increase use of kinship care
Note: The foster care caseload forecast does not include funding for services to unlicensed relative caregivers
- Continue to implement Family Team Decision Making meetings in 7 urban sites
- Increase statewide availability of Functional Family Therapy, Multi-Systemic Therapy and Multidimensional Treatment Foster Care (MDTFC)—useful for all caregivers including relatives
- Provide additional training to foster parents on mental health and behavior management issues, and monitor implementation of mandatory ongoing training requirements

Data Notes SOURCE: CAMIS data submitted to the federal Adoption and Foster Care Analysis Reporting System (AFCARS). Federal measure of children with two or fewer placement homes during the first year in out-of-home care. Includes placement changes out of the department's control including placement in Crisis Residential Centers, JRA, hospital stay more than 30 days, and detention.

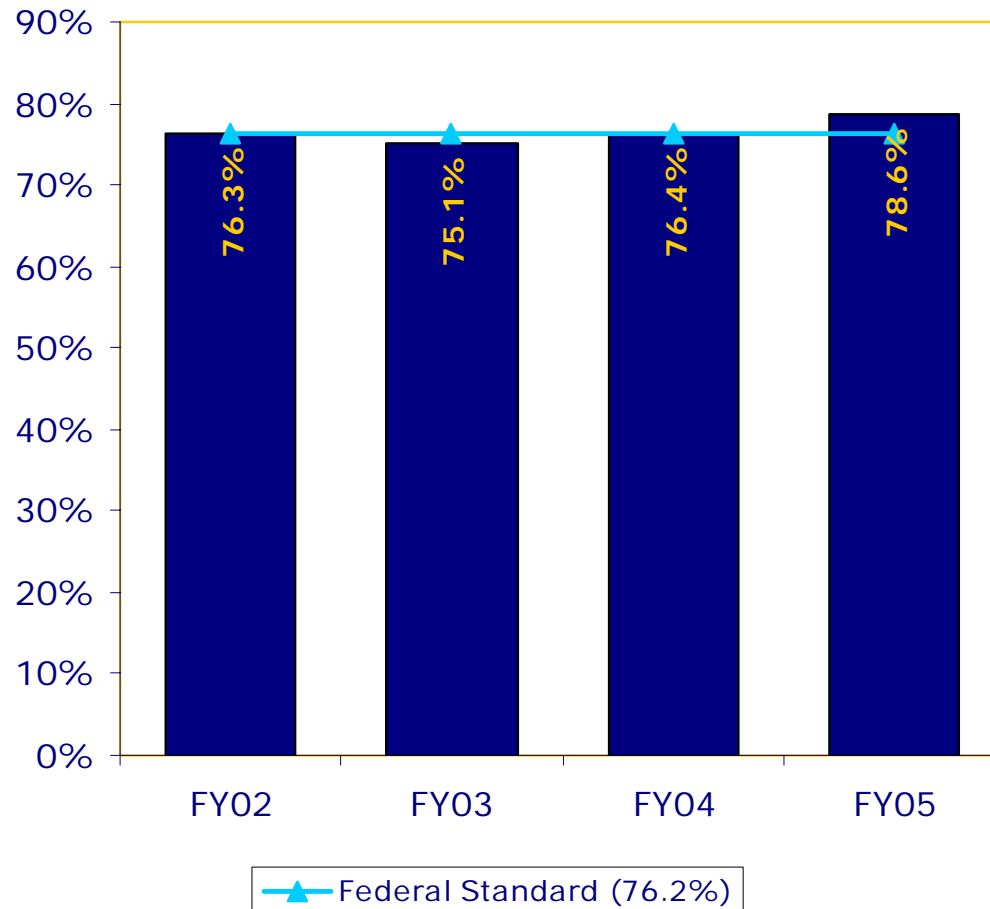
October 5, 2005

Vulnerable Children and Adults GMAP

Provide stable, nurturing, permanent placements

What percent of children are reunified with their families within 12 months?

**Percent of Children Reunified
Within 12 Months of Placement**



Analysis:

- The percent of children able to be reunified with their families within the first year of placement increased in the last three years
- Parental substance abuse is a significant factor
- The community has an important role in reunification decision-making; some Child Protection Teams (CPT) and Local Indian Child Welfare Act Committees (LICWAC) are reluctant to recommend early reunification
- Performance is impacted by caseload size and availability of community resources (problem particularly in rural communities)

Action Steps:

- Continue to implement Family Team Decision Making meetings in 7 urban sites
- Provide refresher training to all staff on safety assessment, safety planning, risk assessment, and reunification assessment
- Implement use of substance abuse screening tool and chemical dependency specialists in local offices to identify and engage parents in substance abuse assessment and treatment
- New Child Protection Team staffing policy, training and process

Data Notes CAMIS data submitted to the federal Adoption and Foster Care Analysis Reporting System (AFCARS). Federal measure of children reunified within 12 months of placement into out-of-home care. A child has been reunified when they are returned to their parent and are no longer dependent. 2002-2004: Federal Fiscal Year. 2005: State Fiscal Year.

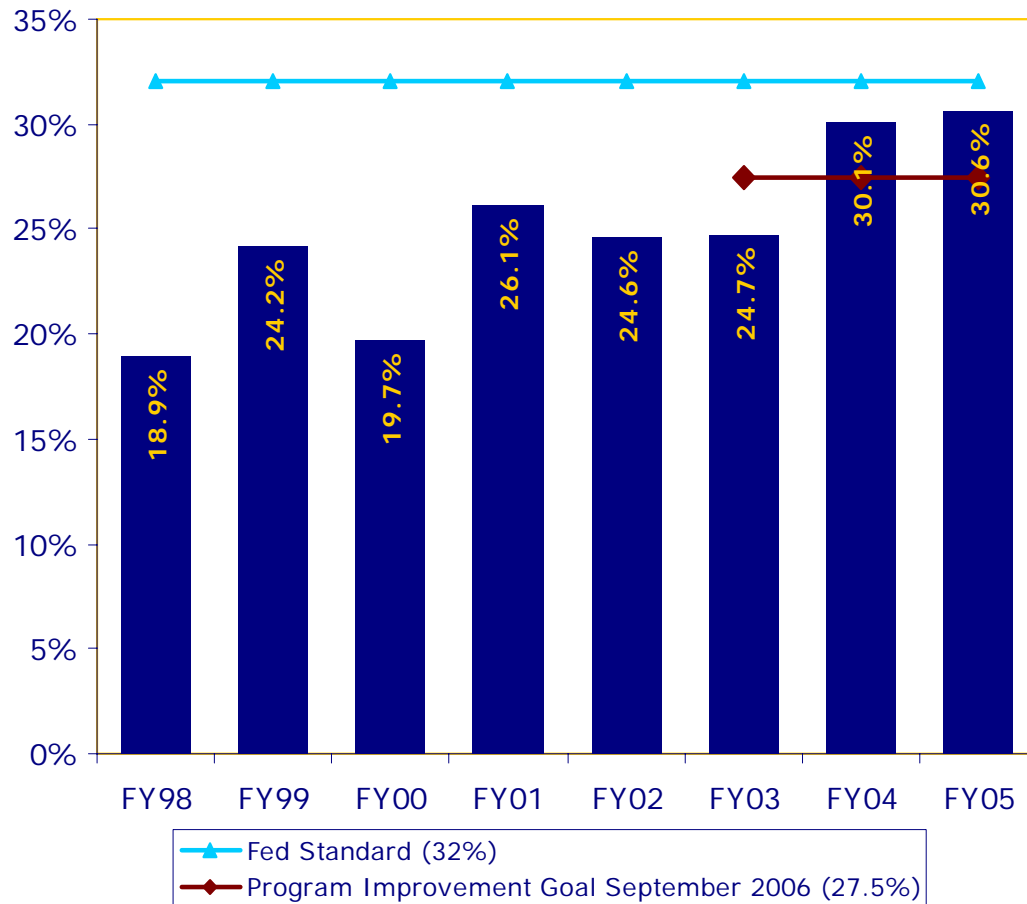
October 5, 2005

Vulnerable Children and Adults GMAP

Provide stable, nurturing, permanent placements

What percent of children are adopted within 24 months of placement?

**Percent of Children Adopted
Within 24 Months of Placement**



Analysis:

- The percent of children adopted within 24 months of placement into out-of-home care is increasing
- Adoptions may not occur within 24 months of placement for several reasons, including reasonable efforts to reunify with parents, permanent plan goal changes, court delays, and joint planning with Tribes

Action Steps:

- Provide refresher training on concurrent planning
- Work with the courts and AAG to resolve delays in dependency cases, and termination of parental rights cases in specific locations

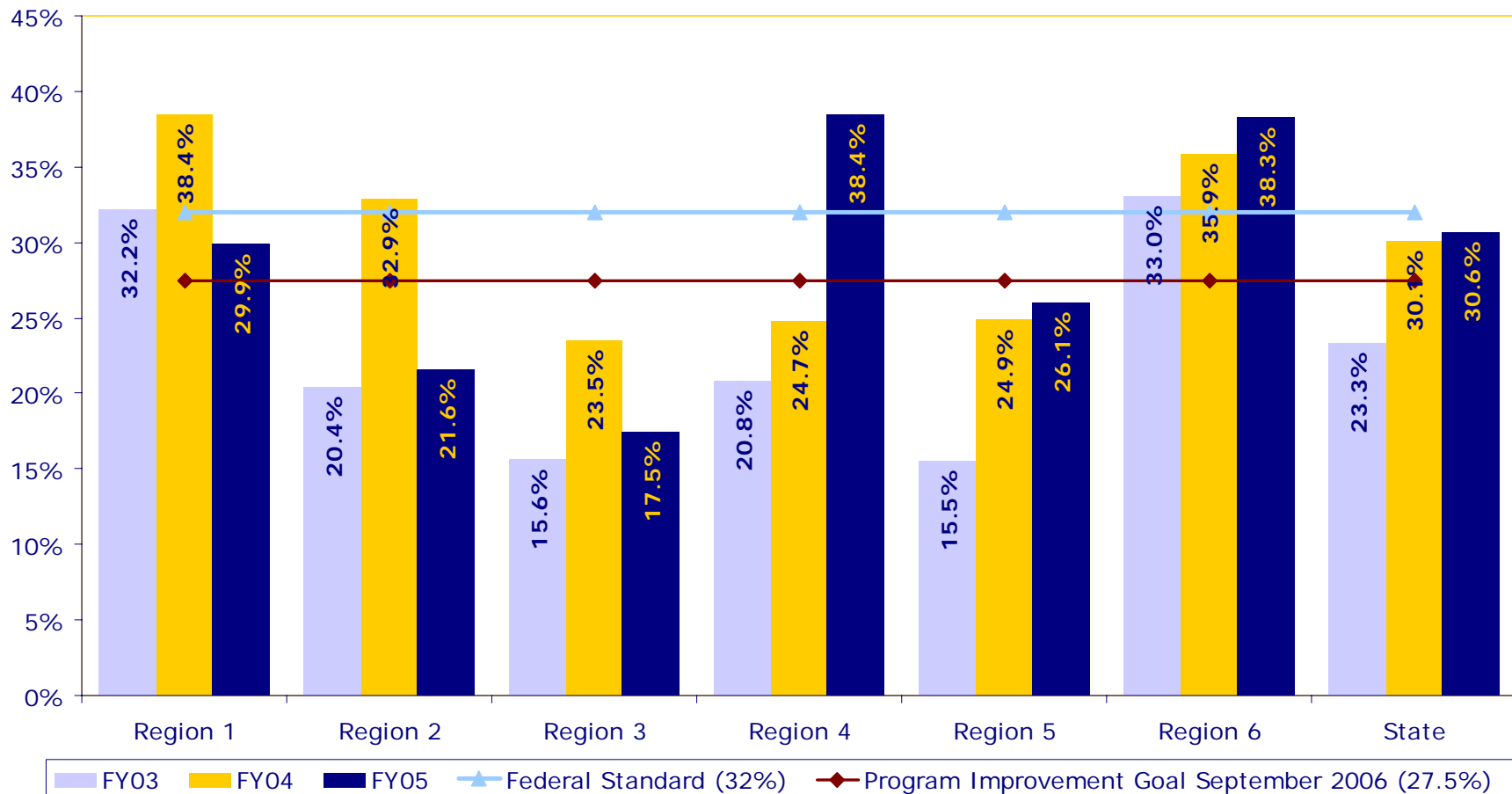
Data Notes CAMIS data submitted to the federal Adoption and Foster Care Analysis Reporting System (AFCARS). Federal measure of children adopted within 24 months of placement into out-of-home care.

Vulnerable Children and Adults GMAP

Provide stable, nurturing, permanent placements

What percent of children are adopted within 24 months of placement?

Percent of Children Adopted Within 24 Months of Placement



Data Notes CAMIS data submitted to the federal Adoption and Foster Care Analysis Reporting System (AFCARS). Federal measure of children adopted within 24 months of placement into out-of-home care.

Vulnerable Adults

DSHS Aging and Disability Services Administration

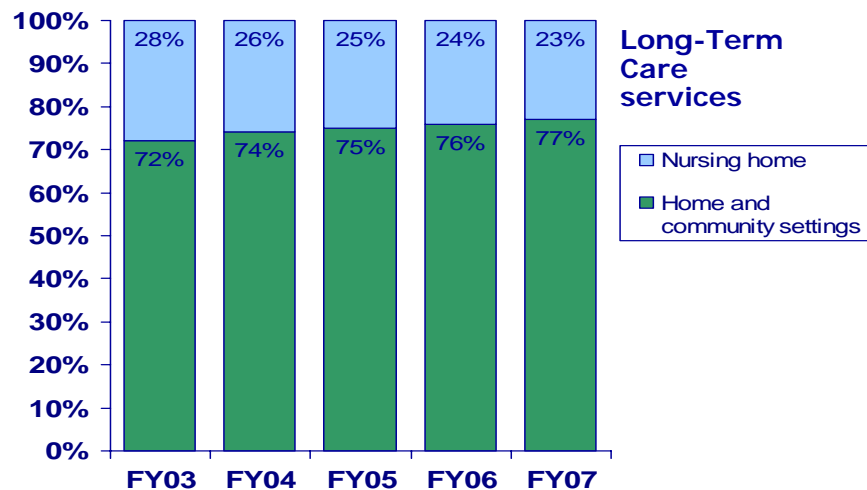
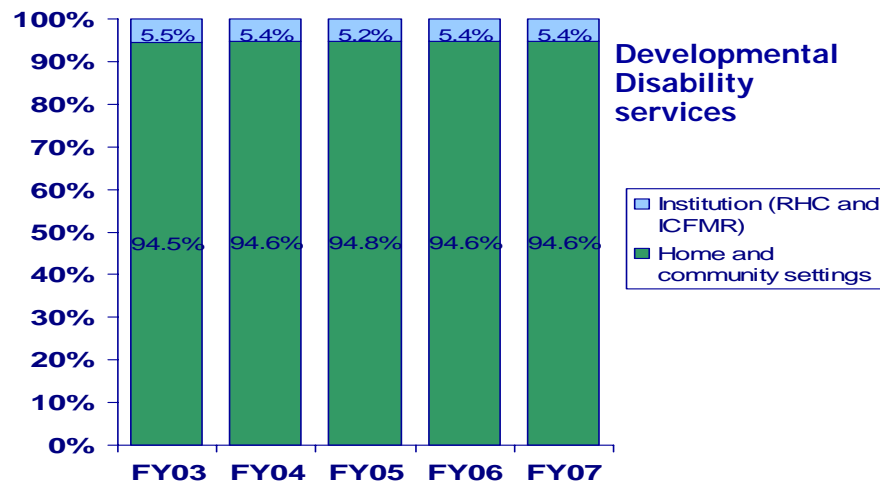
Government Management, Accountability and Performance

The two key functions of Aging and Disability Services Administration:

- ▶ Expand home and community options to honor individual preference and allow more people to be served
- ▶ Conduct complaint investigations and licensure activities to enhance quality of care and quality of life for vulnerable people

GOAL: Expand home and community services to meet the needs of more consumers who need long-term care and supports

MEASURE: Percent of clients in home care and community settings vs. institutional settings



Analysis:

- Client preference is to be served in own home and community
- WA ranks 4th in nation in percent of Medicaid long-term care expenditures devoted to home and community services
- WA ranks 21st in nation in percent of Medicaid DD expenditures devoted to home and community services
- Average nursing home monthly cost is \$3,505; average home and community monthly cost is \$1,155
- Average DD institutional monthly cost is \$12,957; average DD home and community monthly cost is \$2,535
- We can serve three people in home/community for the cost of one in a nursing home

Goals/Action Plan:

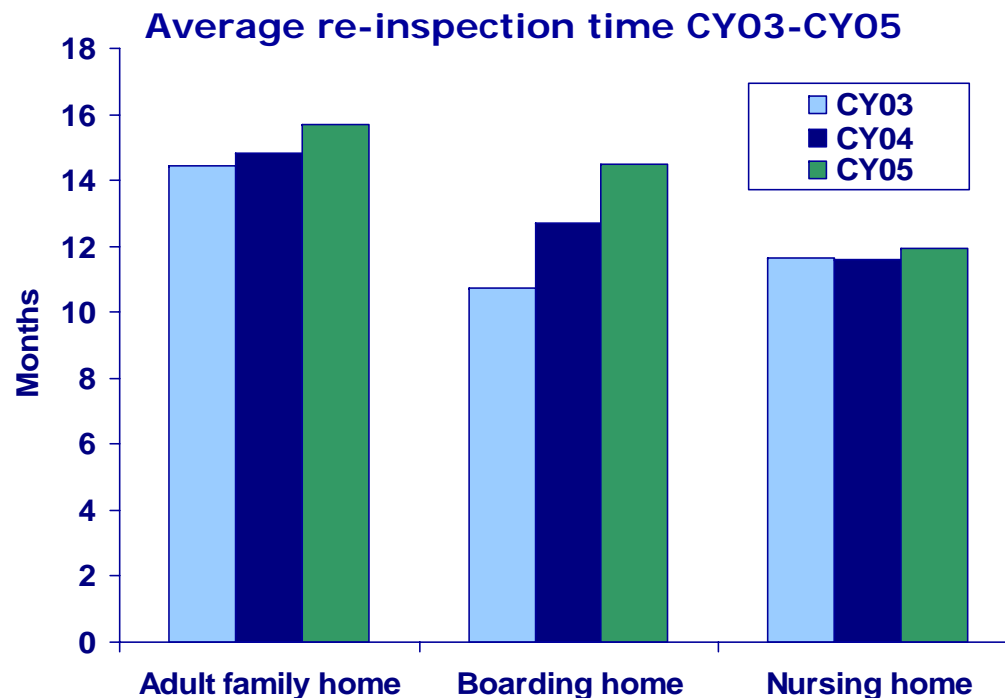
- Nursing home caseload reduced to 11,127 by FY07, 10,500 by FY11
- Manage Residential Habilitation Center (RHC) capacity within budgeted levels: 997 in RHCs and an additional 60 in community IMRs in FY06 and FY07

SOURCES: CCDB, MMIS, SSPS Sep 2005 TARGETS: CASELOAD FORECAST COUNCIL

SOURCES: MEDSTAT NATIONAL COMPARISON, 2004;; CASELOAD FORECAST COUNCIL

GOAL: Enhance quality of care/quality of life

MEASURE: Residential licensure re-inspections are done timely



Statewide average
monthly
re-inspection
time requirements

Adult family home = 18 months
(15 months statewide average)
Boarding home = 18 months
(15 months statewide average)
Nursing home = 15 months
(12 months statewide average)
(federal requirement)

SOURCES: ADSA AFH and BH DATABASES; ASPEN Jul 2005

Analysis:

- ▶ Adult family home clients are considered more vulnerable because they have highest care needs of community clients and fewer outside contacts
- ▶ Inspection intervals in adult family homes and boarding homes were lengthened in 2004 to allow more staff time for complaint investigations
- ▶ Statewide average inspection intervals allow focused, more frequent inspections on problem providers
- ▶ Prompt re-inspections help staff keep problems from becoming more serious

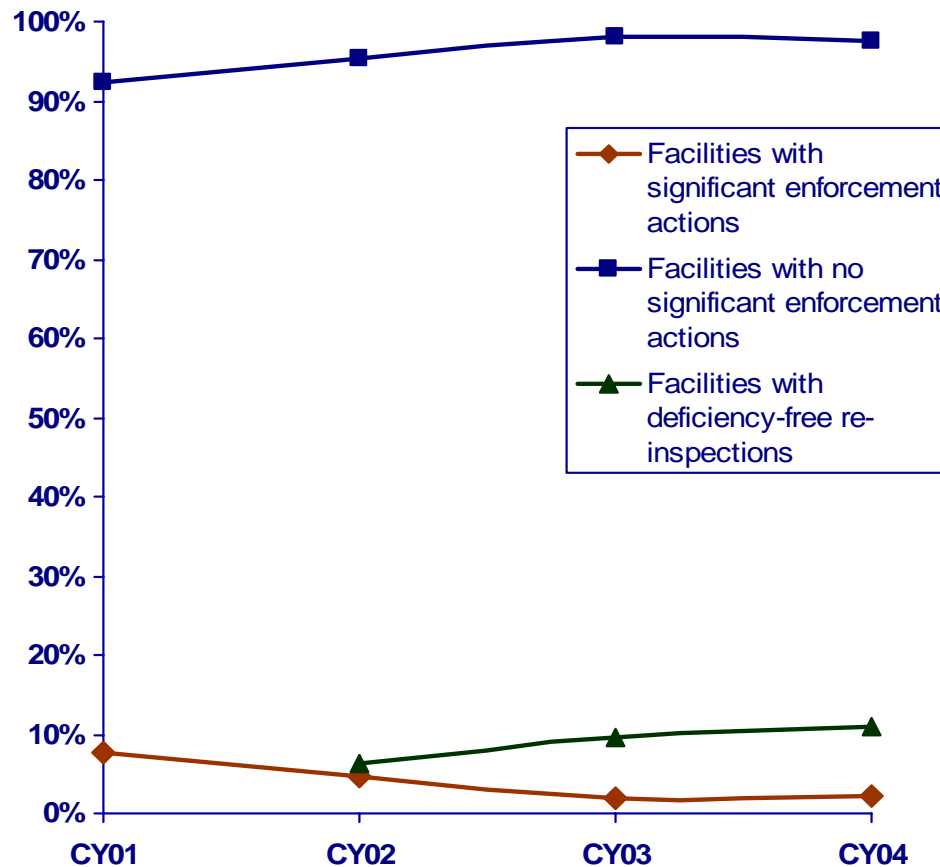
Goals:

- ▶ Maintain compliance with statutory and federal timelines
- ▶ Timely re-inspection and complaint investigation continue to be high priority activities

Data Note: CY05 data through Q2 for adult family homes and boarding homes, through Q1 for nursing homes

GOAL: Enhance quality of care/quality of life

MEASURE: Percent of facilities with significant enforcement actions, no significant enforcement actions, or deficiency-free full re-inspections



SOURCES: RCS COMPLIANCE TRACKING LOGS; ADSA AFH and BH DATABASES; CASPER
Sep 2005

Analysis:

► Significant enforcement actions are summary suspension, license revocation and stop placement. Sanctions are graduated to allow correction of problems before serious harm occurs

► Significant enforcement actions have decreased over time:

- Caregiver and training standards have been increased
- Required orientation system helps providers self-select out earlier
- Adult family home and boarding home industries have become professionalized

Action Plan:

► Maintain more frequent inspection presence in marginal homes even with unpredictable caseload growth, potential staff reductions

Data Note:

► CY02 deficiency-free re-inspection data for adult family homes and boarding homes only

GOAL: Enhance quality of care/quality of life

MEASURE: Complaint investigations are done timely

CY04 Adult Protective Services investigations:

Investigations about potential harm to vulnerable adults living in their own homes

Priority description	Number received	Percent received	Percent timely response
HIGH: Life-threatening harm is occurring or appears to be imminent /24 hours	296	3%	100%
MEDIUM: Harm that is more than minor, but does not appear life-threatening at this time, has occurred, is on-going, or may occur /5 working days	5,423	53%	99%
LOW: Harm that poses a minor risk at this time to health or safety, has occurred, is on-going, or may occur /10 working days	4,599	44%	99%
Totals	10,318	100%	-

CY04 complaint reports in residential care settings

Priority description	Number received	Percent received	Percent timely response
Life Threatening/2 working days	597	2.5%	100%
Significant Risk/10 working days	1,966	8.2%	99%
Potential Risk/20 working days	4,204	17.6%	99%
All others	17,129	71.7%	Timeframes vary

Analysis:

- Complaint investigation is our primary tool in ensuring quality of care/life
- Required response times are shorter in in-home settings because vulnerable adults are more isolated in this setting
- Majority of complaints in residential settings are self-reported. Facilities are accountable for identifying and correcting any problems
- Achieving and maintaining near-100% response times has been a major effort; we've seen significant improvement over time
- Long-term Care Ombudsman also respond to complaints in residential settings and do routine visits

Goal: 100% timely response

Action Plan:

- Management prioritizes complaint investigation function as any staff reductions are considered
- Expansion of Resident Protection Program into adult family home and boarding home settings would add resources

SOURCES: ADSA APSAS and COMPLAINT DATABASES Sep 2005

GOAL: Enhance quality of care/quality of life

MEASURE: Persons with founded complaints placed on registries curtailing access to vulnerable adults – CY04

Two types of investigations result in placement on registries:

<u>Facility complaints</u> Complaints investigated by Resident Protection Program in nursing homes with a named person alleged responsible = 446 Number of individuals with finding placing them on registry = 18 Most facility complaints where a problem is identified are determined to be facility problems rather than individual's action	<u>Investigations in in-home settings</u> Adult Protective Services substantiated investigations = 1,025 (total includes cases of self-neglect) Number of individuals with finding placing them on registry = 421
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439 individuals can't work in long-term care CY04

Analysis:

- ▶ Alleged perpetrators allowed due process
- ▶ Facility-based investigations coordinated with Department of Health health-care licensing

Goals/Action Plan:

- ▶ Continue to increase community awareness of mistreatment of vulnerable adults
- ▶ Facility-based Resident Protection Program currently funded for nursing homes only. Goal is to expand to adult family homes and boarding homes
- ▶ Beginning quality assurance process in Adult Protective Services to help ensure we are substantiating where we should

SOURCES: ADSA NHS REGISTRY COMPLAINT DATABASE, RPP, APSAS; AAG Sep 2005

Summary financial report for 2003-05 biennium to date

Aging and Disability Services Administration

(Dollars in thousands)

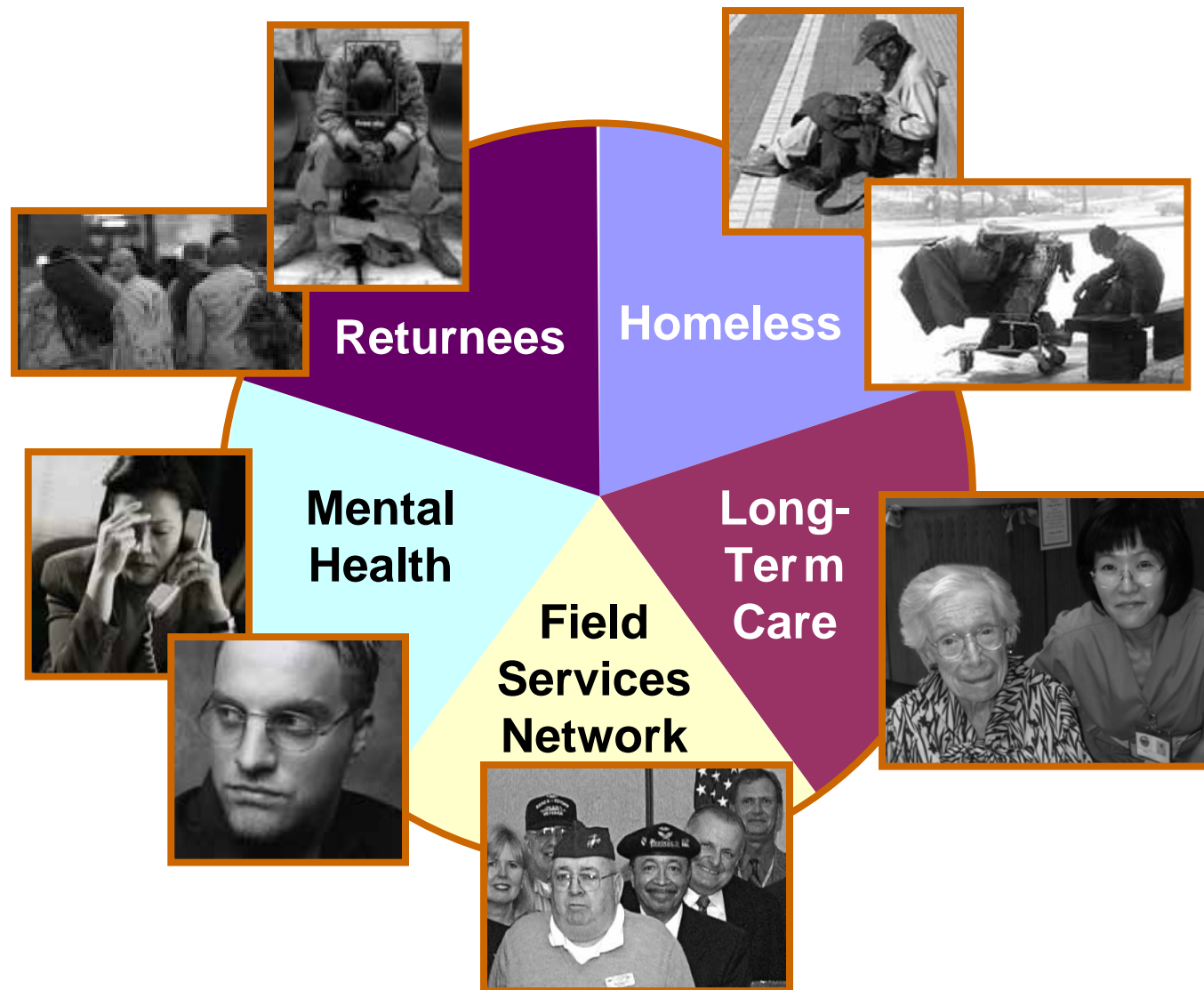
	Allotment	Actual Expenditures	Variance	Percent Variance
GF – State	\$1,797,044	\$1,774,390	\$22,654	1.3%
Developmental Disabilities	\$ 679,380	\$ 684,167	(\$ 4,787)	-.7%
Long-Term Care	\$1,117,664	\$1,090,223	\$27,441	2.5%
Federal	\$1,832,605	\$1,803,505	\$29,100	1.6%
Developmental Disabilities	\$ 636,815	\$ 626,591	\$10,224	1.6%
Long-Term Care	\$1,195,790	\$1,176,914	\$18,876	1.6%
Other (Local/HSA)	\$36,715	\$37,024	(\$309)	-.8%
Developmental Disabilities	\$12,030	\$15,411	(\$3,381)	-2.8%
Long-Term Care	\$24,685	\$21,613	\$3,072	1.2%
Total	\$3,666,364	\$3,614,919	\$51,445	1.4%
Developmental Disabilities	\$1,328,225	\$1,326,169	\$ 2,056	0.2%
Long-Term Care	\$2,338,140	\$2,288,750	\$49,389	2.1%

- All totals are based on allotment and expenditures for the entire biennium.
- \$16.7 million of the general fund-state surplus in the long-term care budget is due to a lower caseload than projected by the Caseload Forecast Council. The Governor vetoed this mandatory caseload adjustment in the FY05 supplemental budget as passed by the Legislature.
- The variance in Developmental Disabilities is primarily due to payment for residential services for state-only clients.
- The local fund variance in Developmental Disabilities is due to clients in the Residential Habilitation Centers contributing more toward the cost of care than estimated in the budget.

SOURCE: ADSA BUDGET OFFICE Sep 2005

Washington State Department of Veterans Affairs

“Serving Those Who Served”



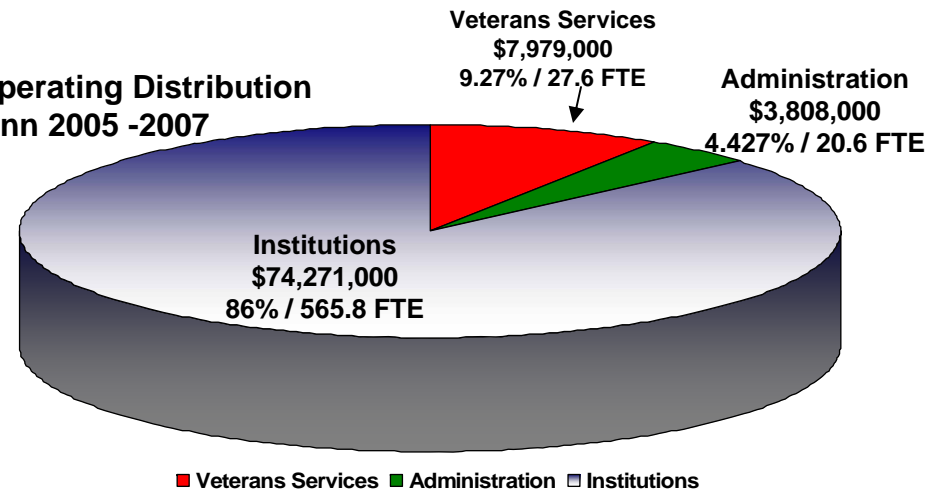
Budget

Department of Veterans Affairs Summary Financial Report for 2003-05 Biennium to Date Dollars in Thousands

Program/Fund Expenditure Detail

Expenditures by Program	Estimate	Actual	Var	% Var.	Fund	Estimate	Actual	Var	% Var.
Headquarters	3,158	3,129	29	0.92%	General Fund - Basic Account	79,607	78,929	(678)	-0.85
Field Services	7,982	7,754	228	2.86%	Char/Ed/Penal/Reform/Institutions	0	3	3	N/A
Institutional Services	69,698	65,173	4,525	6.49%	Savings Incentive Account	0	1	1	N/A
Total	80,838	76,056	4,782	5.92%	Institutional Welfare/Betterment	0	163	163	N/A
Expenditures by Fund Group	Estimate	Actual	Var	% Var.	Industrial Insurance Premium Refund	0	128	128	N/A
General Fund Federal	30,523	30,347	176	0.58%	Revenue by Fund Group				
General Fund Local	28,354	23,778	4,576	16.14%	Fund Group	Estimate	Actual	Var	% Var.
General Fund State	21,902	21,901	1	0.00%	General Fund Federal	56,169	54,921	(1,248)	-2.2%
Other Funds Non-Appropriated	50	20	30	60.00%	General Fund Local	23,437	23,864	426	1.8%
Other Funds State	11	11	0	0.00%	General Fund State	0	144		N/A
Total					Other Funds State	0	295		N/A
FTEs by Program	Estimate	Actual	Var	% Var.					
Headquarters	20.3	17.2	3	15.27%					
Field Services	28.3	27.2	1	3.89%					
Institutional Services	562.7	552.6	10	1.79%					
Total	611.3	597.0	14	2.34%					

Agency Operating Distribution Bienn 2005 -2007



Long-Term Care Connecting Veterans to Federal Benefits Decreasing Reliance on State Funding



Long-Term Care

The Need:

- **Address Needs of Growing Veteran Population** – 240% increase in 85 years and older by 2030
- **Long-Term Care Choices** – for Medically Indigent Veterans and Spouses

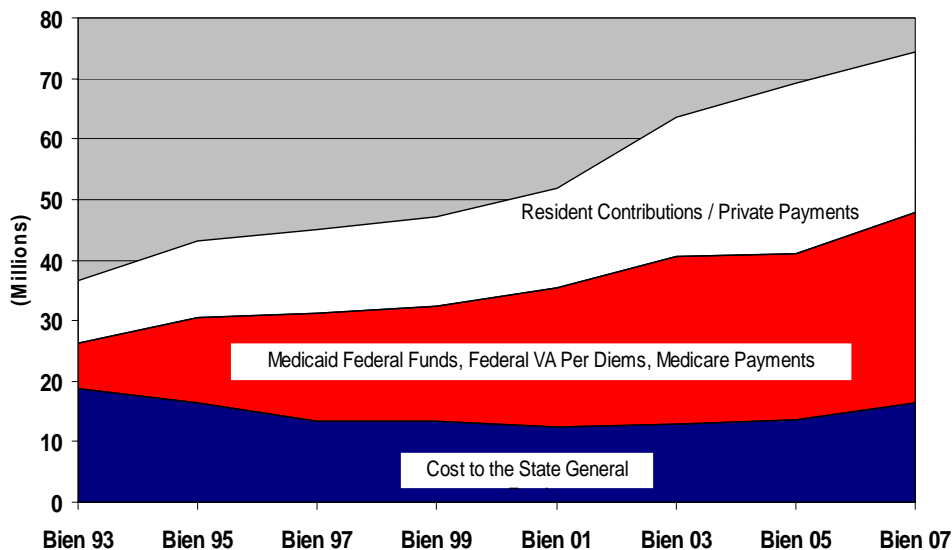
Goal:

- **Provide Long-Term Care Service** – to Veterans and their eligible spouses in the most independent settings at the lowest cost to state taxpayers

Action Plans:

- **Utilize Federal VA** – Per Diem nursing home grants, prescription drug benefits and health care access to provide long-term care in State Veterans Homes at less cost to the State
- **Partner with DSHS** – to identify veterans eligible for federal benefits in community nursing homes to relieve WA state of the cost burden
- **Identify Partnership Opportunities** – to provide community based long-term care services to medically indigent veterans and eligible spouses

State Veterans Homes Budget by Source of Funds
Keeping the Lid on State Costs for Veterans Nursing Facility Care



Serving Returning Veterans from Iraq and Afghanistan



Returnees



The Need:

- **Preventive Outreach** – Provide benefits and services to veterans (and families) before a crisis
- **Develop Four Year Plan** – to serve veterans who deployed in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)

Goal:

- **Avoid Mistakes Made with Vietnam Veterans** – and assist OIF, OEF veterans in becoming productive WA Citizens

Action Plans:

- **Coordinate Outreach Efforts:** Engage service providers (Federal, State, Local, Business Community) to participate in outreach through a Memorandum of Understanding
- **Engage Leadership:** Partners include commanders of WA National Guard, WA Army, Navy, and Marine Corps Reserve Units
- **Conduct Family Activity Days** – held 3 to 6 months after returning home
- **Air Public Service Announcement** – began 9/1/05
- **Send Welcome Home Letters** – 5,301 sent by Governor Gregoire, 1,967 follow-up letters sent by WDVA Director (90 days after Governor's letter)

A 3-Month Snapshot:

TOTAL	CLAIMS	READJSMT REFS	EMPLYMT ASSIST	VHA	TRI CARE
1,645	269	711	340	487	1382
	17%	43%	21%	30%	84%

Caring for Veterans Mental Health Increasing Compensation and Ability to Function



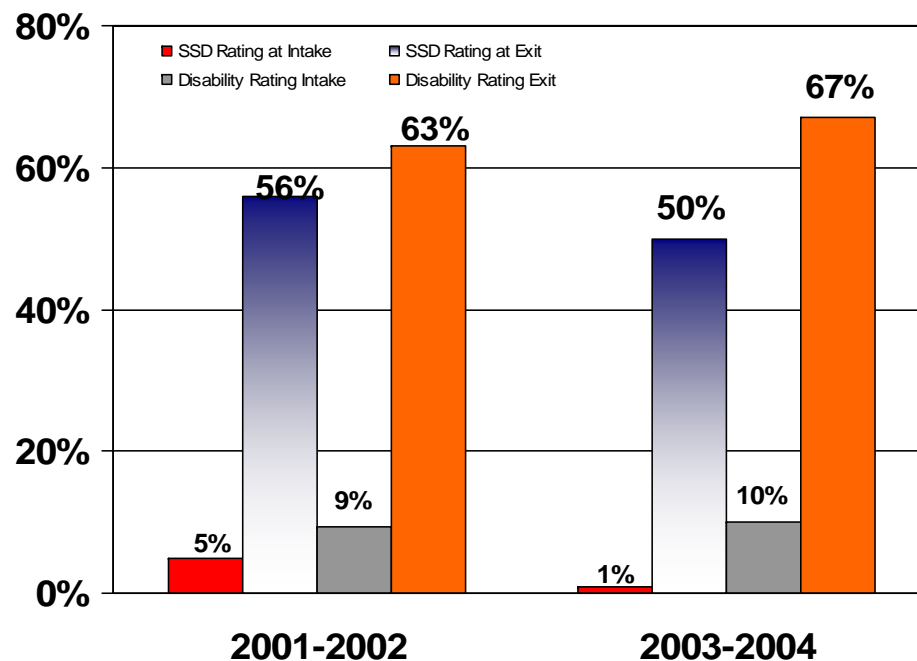
Mental Health

The Need:

- **Post Traumatic Stress Disorder Counseling** – for more than 30% of Vietnam War veterans who suffer with on-going symptoms and may be unable to function in social, family and employment settings

Goal:

- **Improve Veteran Economic Situation** – by assisting with VA mental health disability claims
- **Increase Veteran Ability to Function** – and become productive members of community (as measured by standardized measure of mental health functioning)



Action Plans:

- **Partner** – with established community therapists to provide treatment where veterans live. (WA PTSD Program began in 1984)
- **Federal VA Partnership** – focus on opportunities to increase the funding for WA state mental health services
- **Treat the Veteran and Their Family** – WA has a first in the nation program that treats families as well as veterans

Field Services Network

Increasing Veteran Federal Compensation/Pension
Decreasing Veteran Reliance on State Services



Field Service Network

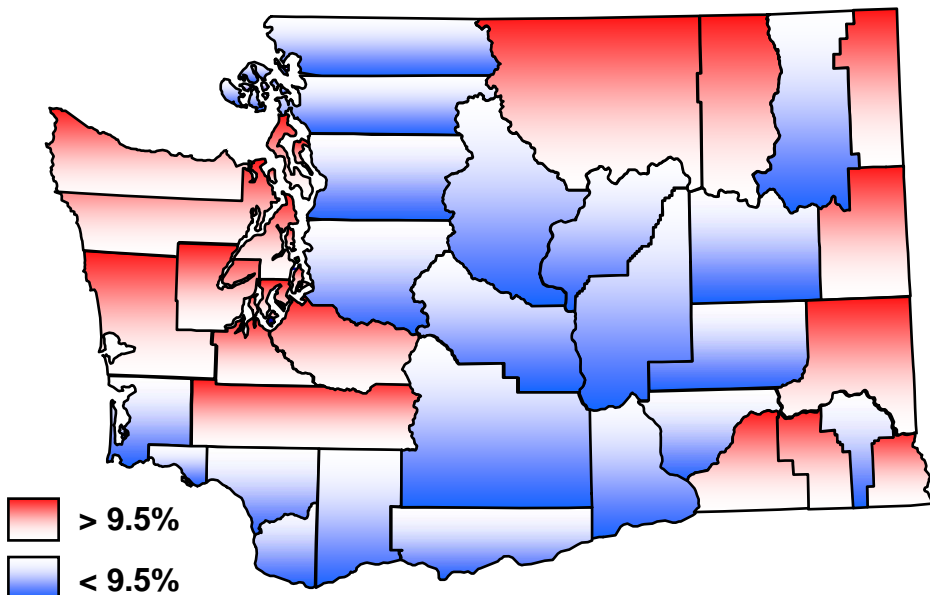
The Need:

- **Provide Claims Assistance** – to veterans with service connected disabilities not accessing VA Health Care or receiving VA compensation / pension

Goal:

- **Bring All Counties to National Average** – to 9.5% of veterans receiving compensation/ pension
- **Increase Veteran Compensation** – by \$100 million in federal Fiscal Year 05 (Total compensation/pension received by WA veterans in **Fiscal Year 2004 = \$942 Million**)

Veteran Receipt of Compensation and Pension by County



Action Plans:

- **Train Veteran Service Officers** – to develop consistently high-quality claims increasing favorable decisions, reducing waiting times
- **Use Performance Based Quality Assurance Program** – to track service officer performance and target training
- **Focus Resources** – on WA counties with below national average compensation rates

Serving Homeless Veterans

Investing in Programs that Break Cycle of Homelessness



Homeless

The Need:

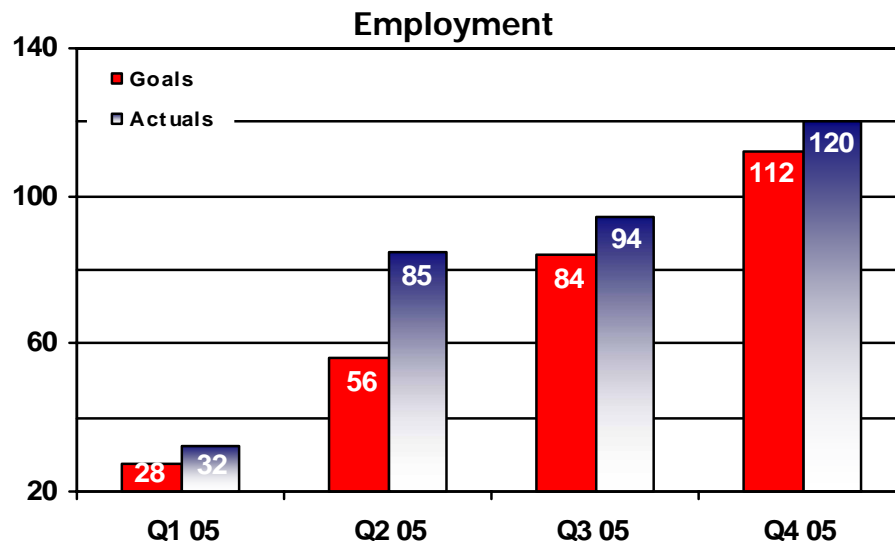
- **30% of Homeless** – are honorably discharged veterans
- **45%** suffer from mental illness
- **50%** have addiction issues

*National Coalition of Homeless Veterans
USDVA Surveys 2000*

Goal:

- **Develop Partnerships** – at Federal, State and Local level to effectively serve homeless veterans

U.S. Department of Labor Grants



Action Plans:

- **Access Federal Grants** – to provide training, employment and emergency housing to veterans
- **Focus Treatment on Causes of Homelessness** – through transitional residence programs lasting an average of six months
- **VA Homeless Providers Grant** – awarded in September, 05 to renovate Building 9 at Retsil
- **Department of Labor Grants** = \$450,000 for 05-06